

Iowa Department of Human Services
REQUEST TO CONTINUE REVIEW (252H)

To: _____

Date: _____

Child Support Recovery Unit: _____

Telephone: _____

Case Number: _____

Court Order #: _____

County: _____

Obligee: _____

Obligor: _____

Third Party: _____

An earlier notice advised you of the Child Support Recovery Unit's (CSRU) intent to review the court order listed above for possible adjustment. CSRU took this action at the request of one of the parties subject to the court order. at the request of the child support recovery agency for the state of _____. This agency is providing enforcement services for the order and is authorized by federal law to request a review.

Since the notice of intent to review was issued, the following has happened:

The original requesting party has asked to withdraw the request to review the support order.

The child support agency of the other state requested that we stop our review of this order.

As a result, CSRU will **stop** the review process **unless** one of the persons subject to the court order requests that the review continue.

If you want the review to continue, you must complete the enclosed form asking that the review continue. You must return this form within 10 days from the date of this notice. If one of the parties sends in a request to continue, we will send all parties a notice advising that the review will continue. The party who asks for the review to continue may be required to pay costs of the review and adjustment process unless that party is on public assistance. If we do not receive a written request to continue the review, we will end the process and take no further action.

If you have questions regarding this notice or the review and adjustment process, please contact the office listed on the first page of this notice.

POLICY ON NONDISCRIMINATION

This action was taken without regard to race, color, creed, sex, age, physical or mental disability, religion, national origin, or political belief. If you have reason to believe you have been discriminated against for any of the reasons stated above, you may file a complaint with the Iowa Department of Human Services (IDHS) by completing a Discrimination Complaint form. Any IDHS office, institution, or the IDHS Diversity Programs Unit can give you a form. You may also file a complaint with the Iowa Civil Rights Commission (if you feel you were treated differently BECAUSE OF your race, creed, color, national origin, sex, religion, or disability); or the United States Department of Health and Human Services, Office for Civil Rights.

Iowa Department of Human Services
Diversity Programs Unit 1st Fl
1305 E Walnut
Des Moines IA 50319-0114

IOWA CIVIL RIGHTS COMMISSION
211 E Maple St 2nd Fl
Des Moines IA 50309-1858

US DEPARTMENT OF HEALTH AND HUMAN
SERVICES
Office for Civil Rights Region VII
Federal Bldg Rm 248
601 E 12th St
Kansas City MO 64106-2808

Sent to:

REQUEST TO CONTINUE REVIEW

_____, I, the undersigned, request that CSRU *continue* the administrative review and adjustment process. I understand that the original requesting party has asked to withdraw the request, but I would like the process to continue. I understand that I will then be considered the requestor and, unless I am on public assistance, may be required to pay any costs associated with the review and adjustment process.

_____ I would like CSRU to *continue* the administrative review and adjustment process. I understand that the state of _____ originally requested the review and has withdrawn its request. I want the process to continue. I understand that I will then be considered the requestor and, unless I am on public assistance, I may be required to pay any costs associated with the review and adjustment process.

_____ I would like CSRU to *stop* the review and adjustment process. I understand that this action means that I will be barred from requesting a review for a period of two years.

Signature: _____ Date: _____

Relationship to child(ren): _____

Check the one that applies: _____ Obligor
_____ Obligee
_____ Third Party

SUBSCRIBED AND SWORN TO before me this _____ day of _____,

Notary Public In and For the State of _____